

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151313		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER WOODLAWN HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E 9TH ST ROCHESTER, IN46975			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005098</p> <p>Survey Date: 06/20-21/2011</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Medical Surveyor</p> <p>QA: cloughlin 07/25/11</p>			S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0362	410 IAC 15-1.4-1(d)(6)(A)(B)(C)(D) (E)(F) (d) The governing board is responsible for assuring that quality patient care is provided. In accordance with hospital policy, the governing board shall do the following: 6) Ensure that the hospital does the following: (A) Establish written protocols to identify potential organ and tissue donors. (B) Has written policies and procedures for the facilitation of organ and tissue donations, including procurement. (C) Inform families or authorized persons of potential organ and tissue donors of the option of donation on admission or at the time of death of a potential donor. (D) Use discretion and sensitivity in contacts with potential organ donor families. (E) Notify the appropriate procurement organization of potential organ donors. (F) Establish membership in the organ procurement and transplantation network if the hospital performs transplants. Based on document review the facility failed to notify the appropriate organ procurement organization, per contract, of all hospital deaths. Thus the facility failed to notify procurement organization of			S0362	In the eight years of IOPO data this was the only death not reported. It occurred on Christmas day 2010, it was a very elderly gentleman with cancer. The supervisor who was responsible for reporting it was very busy and just forgot. Prior to		07/29/2011

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	<p>potential organ donors.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the contract between the hospital and the Indiana Organ Procurement Organization (IOPA) indicated the hospital shall provide "Timely Referral to IOPO as soon as possible of every individual whose death is imminent or who has died in the hospital". 2. Review of the documentation presented failed to show all deaths were reported. Donation 2010 Statistics and Benchmarks indicated 43 deaths occurred and only 42 deaths were reported. 3. Interview with Employee A1 on June 21, 2011 at 2:45pm, and review of the IOPA contract documentation verified the information. 				<p>this occurrence and since this occurrence, she has followed the policy without difficulty. She has been re-educated regarding our policy and procedure. We were aware of this failure the day after it happened and took corrective action immediately and there have been no further occurrences. We will continue to monitor this process through our PI program by reviewing all deaths and assuring they are reported to IOPO as per our policy. C. Leininger, RN, DON will be responsible for this process.</p>		